

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152571		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/23/2013	
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE TERRE HAUTE NORTH				STREET ADDRESS, CITY, STATE, ZIP CODE 351 MAIDEN LN TERRE HAUTE, IN 47804			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{V 000}	<p>INITIAL COMMENTS</p> <p>This was the second (2nd) follow-up for the complaint survey conducted on 10-9-12, 10-10-12, and 10-11-12 with the first revisit on 11-15-12. This survey was conducted at the request of CMS.</p> <p>Complaint #: IN00117231 - Substantiated: Federal deficiencies related to the allegations were cited. Unrelated deficiencies were also cited.</p> <p>Facility #: 005141</p> <p>Survey Date: 1-23-13</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>One (1) condition and five (5) standard level deficiencies were found to be corrected as a result of this survey. Fresenius Medical Care Terre Haute North is in compliance with 42 CFR 491.90, 491.90(a)(5)(6), 491.180, 491.180(a), and 491.180(b)(1).</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 15, 2013</p>			{V 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.